

02 06 02

A

PTO/SB/05
1525 U.S.
01/30/02

Department of Commerce
Patent and Trademark Office
PATENT

UTILITY PATENT APPLICATION TRANSMITTAL

Commissioner for Patents
Washington, D.C. 20231
BOX PATENT APPLICATION

Attorney Docket No.: 020009
Date: January 30, 2002
Express Mail Label No.: EV074586132US
Customer No.: 023696 Bar Code
Label: *23696*
23696
PATENT TRADEMARK OFFICE

1002 U.S. PTO
10/062155
01/30/02

Dear Sir:

Transmitted herewith for filing is the patent application of:

Inventor(s): YU-CHUAN LIN
For: RECEIVER NOISE ESTIMATION

Enclosed are:

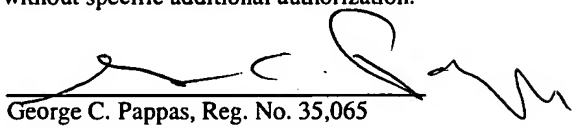
- 1. ☒ Patent application (29) total pages.
- 2. ☒ Drawings: ☒ Formal (10) sheet(s) or ☐ Informal () sheet(s).
- 3. ☐ Declaration/Power of Attorney: ☐ Signed ☐ Unsigned
- 4. ☐ An Assignment () pages and Recordation Form Cover Sheet.
- 5. ☐ A Preliminary Amendment () pages.
- 6. ☐ Information Disclosure Statement (IDS):
 - a. ☐ PTO-1449
 - b. ☐ Copies of IDS Citations (number of citations:)
- 7. ☐ Other:

CLAIMS:	(a) Filed	(b) Extra Claims	Large Entity Fee	Fee Paid
Total*	37 - 20	27	x \$18 =	\$486
Independent**	7 - 3	4	x \$84 =	\$336
Multiple Dependent Claim(s): <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			\$270	\$0
APPLICATION FILING FEE			\$740	\$740
			TOTAL FEE	\$1562

*If the number in column a is less than 20, enter 0 in column b.
**If the number in column b is less then 3, enter 0 in column b.

- 8. ☐ A check in the amount of \$_____ is enclosed to pay the filing fee.
- 9. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$1562. The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment, to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
- 10. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: January 30, 2002

Signature: 
George C. Pappas, Reg. No. 35,065
(858) 651-1306

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 651-1179
Facsimile: (858) 658-2502

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:
YU-CHUAN LIN

For: RECEIVER NOISE ESTIMATION

Serial No.: UNKNOWN

Group Art Unit: UNKNOWN

Filed: HEREWITH

CERTIFICATE OF MAILING UNDER 37 CFR § 1.10

Commissioner of Patents
BOX PATENT APPLICATION
Washington, D.C. 20231

Dear Sir:

"Express Mail" mailing label No. EV074586132US

Date of Deposit January 30, 2002

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated above and is addressed to the Commissioner of Patents, Box Patent Application, Washington, D.C. 20231. Enclosed herewith are the following documents: TRANSMITTAL LETTER; CERTIFICATE OF MAILING UNDER 37CFR § 1.10; PATENT APPLICATION IN 29 PAGES, FORMAL DRAWINGS IN 10 pgs; and POSTCARD.

Darla D. Lallo

(Name)

(Signature)

QUALCOMM Incorporated
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 651-6399
Facsimile: (858) 658-2502

NOTICE OF FEE DUE

J1002 U.S. PTO

10/062155



01/30/02

DATE: 2/7/02

TO: _____

FROM: Office of Initial Patent Examination

SUBJECT: Fee Due

APPLICATION NUMBER: 10062155

A fee is due for the attached document submitted to the U. S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee. If an authorization is not present, notify the applicant of the fee deficiency.

- ☐ Insufficient fee by check
- ☐ Insufficient funds in deposit account
- ☐ Declined credit card
- ☐ Non authorization for charge to deposit account
- ☐ No fee submitted per requirement

The correct fee code: 101/102/103 amount \$ 1562

The suspended fee code: 197 amount - \$ _____

Fee Due amount =\$ 1562

If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642.

Terminal Operator T Gedamu